

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Baxter Healthcare Political Action Committee

ADDRESS (number and street) ▼

1501 K Street, NW

Suite 375

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00117838

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☒ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
11 25 2014

through

M M M / D D D / Y Y Y Y Y Y  
12 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Sarah Creviston

Signature of Treasurer

Sarah Creviston

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
01 25 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Baxter Healthcare Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y 11 / 25 / 2014 To: M M / D D / Y Y Y Y Y 12 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014		79859.96
(b) Cash on Hand at Beginning of Reporting Period.....	47357.39	
(c) Total Receipts (from Line 19) .....	9927.20	145404.90
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	57284.59	225264.86
7. Total Disbursements (from Line 31) .....	1000.00	168980.27
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	56284.59	56284.59
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**Baxter Healthcare Political Action Committee**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	5		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	4

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8996.22	96393.98
(ii) Unitemized .....	930.98	46812.23
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9927.20	143206.21
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	9927.20	143206.21
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	2198.69
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	9927.20	145404.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	9927.20	145404.90

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	31.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	31.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	2198.54
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	134500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	32250.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1000.00	168980.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	168980.27

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	9927.20	143206.21
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9927.20	143206.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	31.73
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	31.73

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

A. Karen Andrews

Mailing Address 10146 E Morning Star Dr

City State Zip Code  
 Scottsdale AZ 85255-8620

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

BioT Principal TBM Pulmonary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.22

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 05 2014

Transaction ID : 20141229182245-91

Amount of Each Receipt this Period

13.67

Full Name (Last, First, Middle Initial)

B. Karen Andrews

Mailing Address 10146 E Morning Star Dr

City State Zip Code  
 Scottsdale AZ 85255-8620

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

BioT Principal TBM Pulmonary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.22

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 19 2014

Transaction ID : 20141229175246-129

Amount of Each Receipt this Period

13.67

Full Name (Last, First, Middle Initial)

c. Michael J. Baughman

Mailing Address 5343 N Lakewood Ave

City State Zip Code  
 Chicago IL 60640-2208

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Finance - Med Products

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 05 2014

Transaction ID : 20141229182245-79

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

127.34

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael J. Baughman**

Mailing Address 5343 N Lakewood Ave

City

Chicago

State

IL

Zip Code

60640-2208

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Finance - Med Products

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-115

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Julia A. Bean**

Mailing Address 7731 148th St

City

Scotch Grove

State

IA

Zip Code

52310-7459

FEC ID number of contributing federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Regional Quality Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-87

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**c. Julia A. Bean**

Mailing Address 7731 148th St

City

Scotch Grove

State

IA

Zip Code

52310-7459

FEC ID number of contributing federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Regional Quality Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-126

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeffrey A. Beck**

Mailing Address 195 N Harbor Dr  
Apt 802

City State Zip Code  
Chicago IL 60601-7519

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, National Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-40

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Jeffrey A. Beck**

Mailing Address 195 N Harbor Dr  
Apt 802

City State Zip Code  
Chicago IL 60601-7519

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, National Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-12

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. William Kevin Beckham**

Mailing Address 1224 Grace Ln

City State Zip Code  
Mountain Home AR 72653-5604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Manufacturing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-63

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

40.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. William Kevin Beckham**

Mailing Address 1224 Grace Ln

City

Mountain Home

State

AR

Zip Code

72653-5604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Manufacturing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-15

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Mariko Bennett**

Mailing Address 1772 Dryden Way

City

Crofton

State

MD

Zip Code

21114-1436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-200

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**c. Mariko Bennett**

Mailing Address 1772 Dryden Way

City

Crofton

State

MD

Zip Code

21114-1436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-34

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

50.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Edwin A. Betancourt**

Mailing Address 2704 Oakmont Ct

City

Weston

State

FL

Zip Code

33332-1834

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Export Corporation

Occupation

VP, Ops - MP LA Area

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1418.30

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-246**

Amount of Each Receipt this Period

54.76

Full Name (Last, First, Middle Initial)

**B. Edwin A. Betancourt**

Mailing Address 2704 Oakmont Ct

City

Weston

State

FL

Zip Code

33332-1834

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Export Corporation

Occupation

VP, Ops - MP LA Area

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1418.30

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-255**

Amount of Each Receipt this Period

54.76

Full Name (Last, First, Middle Initial)

**C. Simon Bhasin**

Mailing Address 5172 Ohio St

City

Yorba Linda

State

CA

Zip Code

92886-4115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Dir, ePedigree Program

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-90**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

134.52

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Simon Bhasin**

Mailing Address 5172 Ohio St

City

Yorba Linda

State

CA

Zip Code

92886-4115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Dir, ePedigree Program

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-130

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Paulo Bolgar**

Mailing Address PO Box 747

Baxter Expat Admin

City

Deerfield

State

IL

Zip Code

60015-0747

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Export Corporation

Occupation

VP, HR-BGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-264

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Paulo Bolgar**

Mailing Address PO Box 747

Baxter Expat Admin

City

Deerfield

State

IL

Zip Code

60015-0747

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Export Corporation

Occupation

VP, HR-BGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-236

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Linda K. Boltz**

Mailing Address 315 Park Dr

City State Zip Code  
 Palatine IL 60067-7732

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Business HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 05 2014

Transaction ID : 20141229182245-157

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Linda K. Boltz**

Mailing Address 315 Park Dr

City State Zip Code  
 Palatine IL 60067-7732

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Business HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 19 2014

Transaction ID : 20141229175246-188

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Melissa K. Bowie**

Mailing Address 345 North Lasalle Boulevard  
Unit 4307

City State Zip Code  
 Chicago IL 60654

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, State Govt Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 05 2014

Transaction ID : 20141229182245-212

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Melissa K. Bowie**

Mailing Address 345 North Lasalle Boulevard  
Unit 4307

City State Zip Code  
Chicago IL 60654

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, State Govt Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-39

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Gregg Boyer**

Mailing Address 242 W Waltann Ln

City State Zip Code  
Phoenix AZ 85023-3666

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

AVP, Sales - National Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-141

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Gregg Boyer**

Mailing Address 242 W Waltann Ln

City State Zip Code  
Phoenix AZ 85023-3666

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

AVP, Sales - National Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-168

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael Bradley**

Mailing Address 137 Glenview Dr

City State Zip Code  
Martinez CA 94553-5863

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Healthcare Econ & Reimburs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 05 / 2014

**Transaction ID : 20141229182245-37**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Michael Bradley**

Mailing Address 137 Glenview Dr

City State Zip Code  
Martinez CA 94553-5863

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Healthcare Econ & Reimburs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 20141229175246-78**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Jan M. Brase**

Mailing Address 15 Manitoba Woods Ln

City State Zip Code  
Spencerport NY 14559-2405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 05 / 2014

**Transaction ID : 20141229182245-221**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

40.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jan M. Brase**

Mailing Address 15 Manitoba Woods Ln

City

Spencerport

State

NY

Zip Code

14559-2405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-71

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Tywnia Brewton**

Mailing Address 36214 N Back Bay Ct

City

Gurnee

State

IL

Zip Code

60031-4505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Business HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-114

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Tywnia Brewton**

Mailing Address 36214 N Back Bay Ct

City

Gurnee

State

IL

Zip Code

60031-4505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Business HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-151

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

40.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Katrina Britton**

Mailing Address 1250 Graynold Ave

City State Zip Code  
Glendale CA 91202-2021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Mgr, Engineering

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2014

**Transaction ID : 20141229182245-256**

Amount of Each Receipt this Period

12.04

Full Name (Last, First, Middle Initial)

**B. Katrina Britton**

Mailing Address 1250 Graynold Ave

City State Zip Code  
Glendale CA 91202-2021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Mgr, Engineering

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 20141229175246-235**

Amount of Each Receipt this Period

12.04

Full Name (Last, First, Middle Initial)

**C. Susan K. Brown**

Mailing Address 917 Geneva St

City State Zip Code  
Glendale CA 91207-1707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Mfg - Plasma

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1990.67

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2014

**Transaction ID : 20141229182245-267**

Amount of Each Receipt this Period

78.72

**SUBTOTAL** of Receipts This Page (optional)..... ►

102.80

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Susan K. Brown**

Mailing Address 917 Geneva St

City

Glendale

State

CA

Zip Code

91207-1707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Mfg - Plasma

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1990.67

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-267

Amount of Each Receipt this Period

78.72

Full Name (Last, First, Middle Initial)

**B. Sebastian J. Bufalino**

Mailing Address 1091 Pine Meadow Ct

City

Vernon Hills

State

IL

Zip Code

60061-2572

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, Controller

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1813.42

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-47

Amount of Each Receipt this Period

70.19

Full Name (Last, First, Middle Initial)

**C. Sebastian J. Bufalino**

Mailing Address 1091 Pine Meadow Ct

City

Vernon Hills

State

IL

Zip Code

60061-2572

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, Controller

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1813.42

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-87

Amount of Each Receipt this Period

70.19

**SUBTOTAL** of Receipts This Page (optional)..... ►

219.10

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Joseph J. Burkard**

Mailing Address 1102 W Alexandria St

City

Arlington Heights

State

IL

Zip Code

60004-2941

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Director of IT Security

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-199**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Joseph J. Burkard**

Mailing Address 1102 W Alexandria St

City

Arlington Heights

State

IL

Zip Code

60004-2941

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Director of IT Security

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-149**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Gavin Campbell**

Mailing Address 14295 W Lyle Ct

City

Libertyville

State

IL

Zip Code

60048-4835

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Marketing US BGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-140**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

30.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Gavin Campbell**

Mailing Address 14295 W Lyle Ct

City

Libertyville

State

IL

Zip Code

60048-4835

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Marketing US BGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-169

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Sandra Canavaggio**

Mailing Address 1158 Lynette Dr

City

Lake Forest

State

IL

Zip Code

60045-4601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Mgr, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-257

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Sandra Canavaggio**

Mailing Address 1158 Lynette Dr

City

Lake Forest

State

IL

Zip Code

60045-4601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Mgr, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-264

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

30.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dori Capretti**

Mailing Address 2420 Sidney St

City  
Pittsburgh

State Zip Code  
PA 15203-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Payor Account Exec, Bio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

**Transaction ID : 20141229182245-214**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Dori Capretti**

Mailing Address 2420 Sidney St

City  
Pittsburgh

State Zip Code  
PA 15203-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Payor Account Exec, Bio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 20141229175246-38**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Lauren Marie Cassidy**

Mailing Address 1721 Dewes St

City  
Glenview

State Zip Code  
IL 60025-4301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

VP, Corporate Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

**Transaction ID : 20141229182245-193**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Laureen Marie Cassidy**

Mailing Address 1721 Dewes St

City  
Glenview

State  
IL

Zip Code  
60025-4301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

VP, Corporate Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-27

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Ronald D. Chase**

Mailing Address 1090 Medford Rd

City

Pasadena

State

CA

Zip Code

91107-1701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, IT - BioScience

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-70

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**c. Ronald D. Chase**

Mailing Address 1090 Medford Rd

City

Pasadena

State

CA

Zip Code

91107-1701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, IT - BioScience

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-108

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Eileen Cherry Clark**

Mailing Address 120 Roslyn Rd

City

Barrington

State

IL

Zip Code

60010-2825

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

BCU, Sr Relationship Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 05 / 2014

Transaction ID : 20141229182245-34

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Eileen Cherry Clark**

Mailing Address 120 Roslyn Rd

City

Barrington

State

IL

Zip Code

60010-2825

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

BCU, Sr Relationship Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 19 / 2014

Transaction ID : 20141229175246-75

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Harriet Clemons**

Mailing Address 1255 Town Center Rd  
Unit 3Q

City

Vernon Hills

State

IL

Zip Code

60061-4194

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Counsel

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 05 / 2014

Transaction ID : 20141229182245-210

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

70.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Harriet Clemons**

Mailing Address 1255 Town Center Rd  
Unit 3Q

City State Zip Code  
Vernon Hills IL 60061-4194

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-41

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. Mark Coin**

Mailing Address 1006 S St NW

City State Zip Code  
Washington DC 20001-5073

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Director, Public and Reimburse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1211.74

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-189

Amount of Each Receipt this Period

46.85

Full Name (Last, First, Middle Initial)

## **C. Mark Coin**

Mailing Address 1006 S St NW

City State Zip Code  
Washington DC 20001-5073

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Director, Public and Reimburse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1211.74

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-30

Amount of Each Receipt this Period

46.85

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

143.70

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Sarah L. Creviston**

Mailing Address 23 Wynstone Way

City

North Barrington

State

IL

Zip Code

60010-6950

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Government Affairs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3077.34

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-57

Amount of Each Receipt this Period

118.95

Full Name (Last, First, Middle Initial)

**B. Sarah L. Creviston**

Mailing Address 23 Wynstone Way

City

North Barrington

State

IL

Zip Code

60010-6950

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Government Affairs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3077.34

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-92

Amount of Each Receipt this Period

118.95

Full Name (Last, First, Middle Initial)

**c. Margarita Cruz-casse**

Mailing Address 153 Calle Violeta

City

San Juan

State

PR

Zip Code

00927-6208

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter

Occupation

Dir, Logistics

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1506.22

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-24

Amount of Each Receipt this Period

58.13

SUBTOTAL of Receipts This Page (optional)..... ►

296.03

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Margarita Cruz-casse**

Mailing Address 153 Calle Violeta

City

San Juan

State

PR

Zip Code

00927-6208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter

Occupation

Dir, Logistics

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1506.22

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 19 / 2014

Transaction ID : 20141229175246-8

Amount of Each Receipt this Period

58.13

Full Name (Last, First, Middle Initial)

**B. Charles W. Cush**

Mailing Address 815 N Webster St

City

Naperville

State

IL

Zip Code

60563-3059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Marketing - Nutrition

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 05 / 2014

Transaction ID : 20141229182245-226

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**c. Charles W. Cush**

Mailing Address 815 N Webster St

City

Naperville

State

IL

Zip Code

60563-3059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Marketing - Nutrition

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 19 / 2014

Transaction ID : 20141229175246-222

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

78.13

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ronald L. Czaplicki**

Mailing Address 17525 W Cottonwood Ct

City

Grayslake

State

IL

Zip Code

60030-1998

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Strategic Pricing &amp; Contr

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-32

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Ronald L. Czaplicki**

Mailing Address 17525 W Cottonwood Ct

City

Grayslake

State

IL

Zip Code

60030-1998

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Strategic Pricing &amp; Contr

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-74

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Salvatore S. Dadouche**

Mailing Address 868 Interlaken Dr

City

Lake Zurich

State

IL

Zip Code

60047-1338

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Comp, Benefits &amp; HR Ops

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-8

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Salvatore S. Dadouche**

Mailing Address 868 Interlaken Dr

City

Lake Zurich

State

IL

Zip Code

60047-1338

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Comp. Benefits &amp; HR Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-6

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Jeffrey B. Davis**

Mailing Address 8931 Sunflower Ave

City

Rancho Cucamonga

State

CA

Zip Code

91701-2751

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Renal Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-262

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Lawrence E. Davis**

Mailing Address 8768 Gum Tree Cv

City

Cordova

State

TN

Zip Code

38018-7659

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-211

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

40.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lawrence E. Davis**

Mailing Address 8768 Gum Tree Cv

City

Cordova

State

TN

Zip Code

38018-7659

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, Quality

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-40**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Barry M. Deutsch**

Mailing Address 2330 W Course Dr

City

Riverwoods

State

IL

Zip Code

60015-1768

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP I, Business Development

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1264.02

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-127**

Amount of Each Receipt this Period

48.81

Full Name (Last, First, Middle Initial)

**c. Barry M. Deutsch**

Mailing Address 2330 W Course Dr

City

Riverwoods

State

IL

Zip Code

60015-1768

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP I, Business Development

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1264.02

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-155**

Amount of Each Receipt this Period

48.81

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

107.62

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Rodney R. Dickson**

Mailing Address 105 Lakeside Pl

City

Highland Park

State

IL

Zip Code

60035-5316

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Reimbursement Initiatives

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-64

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Rodney R. Dickson**

Mailing Address 105 Lakeside Pl

City

Highland Park

State

IL

Zip Code

60035-5316

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Reimbursement Initiatives

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-105

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**c. Philip C. Duplantis**

Mailing Address 1704 College St

City

Cleveland

State

MS

Zip Code

38732-2929

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Engineering

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-6

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

110.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Philip C. Duplantis**

Mailing Address 1704 College St

City  
Cleveland

State Zip Code  
MS 38732-2929

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Engineering

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-49

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Michael J. Durgan**

Mailing Address 5213 S Jordan Ln

City  
Spokane

State Zip Code  
WA 99224-5342

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Region

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-31

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**c. Michael J. Durgan**

Mailing Address 5213 S Jordan Ln

City  
Spokane

State Zip Code  
WA 99224-5342

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Region

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-11

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kathryn T. Edinger**

Mailing Address 1122 N Clark St  
Apt 3810

City State Zip Code  
Chicago IL 60610-2898

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

RM, MD Portfolio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2014

**Transaction ID : 20141229182245-111**

Amount of Each Receipt this Period

16.35

Full Name (Last, First, Middle Initial)

**B. Kathryn T. Edinger**

Mailing Address 1122 N Clark St  
Apt 3810

City State Zip Code  
Chicago IL 60610-2898

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

RM, MD Portfolio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 20141229175246-138**

Amount of Each Receipt this Period

16.35

Full Name (Last, First, Middle Initial)

**c. Jodie L. Ehler**

Mailing Address 813 6th Lane Fi

City State Zip Code  
Fox Island WA 98333-9772

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

RM, MD Portfolio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 20141229175246-91**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

42.70

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Eric K. Elliott**

Mailing Address 7402 Swan Ranch Ln

City  
Richmond

State  
TX

Zip Code  
77407-5477

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Pharmacy Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-257**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Carlos Humberto Escobar**

Mailing Address 1886 NW 140th Ter

City

Pembroke Pines

State

FL

Zip Code

33028-2845

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Export Corporation

Occupation

GM, OLA - BGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-222**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**c. Carlos Humberto Escobar**

Mailing Address 1886 NW 140th Ter

City

Pembroke Pines

State

FL

Zip Code

33028-2845

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Export Corporation

Occupation

GM, OLA - BGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-42**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Peter Etienne**

Mailing Address 189 Lions Ct

City State Zip Code  
 Lake Zurich IL 60047-7012

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Baxter International Inc.

Occupation  
 Sr Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 05 2014

Transaction ID : 20141229182245-27

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Peter Etienne**

Mailing Address 189 Lions Ct

City State Zip Code  
 Lake Zurich IL 60047-7012

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Baxter International Inc.

Occupation  
 Sr Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 19 2014

Transaction ID : 20141229175246-79

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Alex Blaine Forshage**

Mailing Address 909 Oakwood Ave

City State Zip Code  
 Lake Forest IL 60045-1718

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Baxter Healthcare Corporation

Occupation  
 VP, Sls & Mkt - US BioT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 05 2014

Transaction ID : 20141229182245-161

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

100.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Alex Blaine Forshage**

Mailing Address 909 Oakwood Ave

City

Lake Forest

State

IL

Zip Code

60045-1718

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Sls &amp; Mkt - US BioT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2014

Transaction ID : 20141229175246-192

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Alan E. Freedlund**

Mailing Address 746 S River Rd

City

Naperville

State

IL

Zip Code

60540-6333

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, IT - Mfg &amp; Supply Chain

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 05 / 2014

Transaction ID : 20141229182245-123

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

**c. Alan E. Freedlund**

Mailing Address 746 S River Rd

City

Naperville

State

IL

Zip Code

60540-6333

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, IT - Mfg &amp; Supply Chain

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2014

Transaction ID : 20141229175246-148

Amount of Each Receipt this Period

12.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

74.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. M. Shayne Freeman**

Mailing Address 2839 N Raintree Dr

City

Fayetteville

State

AR

Zip Code

72703-4517

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Regional Quality Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-151**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. M. Shayne Freeman**

Mailing Address 2839 N Raintree Dr

City

Fayetteville

State

AR

Zip Code

72703-4517

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Regional Quality Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-184**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Guy G. Fusco**

Mailing Address 572 Greenway Dr

City

Lake Forest

State

IL

Zip Code

60045-4801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter World Trade Corporation

Occupation

VP, HR - Global Functions

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-260**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

40.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Guy G. Fusco**

Mailing Address 572 Greenway Dr

City

Lake Forest

State

IL

Zip Code

60045-4801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter World Trade Corporation

Occupation

VP, HR - Global Functions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

12 / 19 / 2014

Transaction ID : 20141229175246-241

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Valery E. Gallagher**

Mailing Address 14334 Spring Meadow Ct

City

Libertyville

State

IL

Zip Code

60048-2490

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, State Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2234.40

Date of Receipt

12 / 05 / 2014

Transaction ID : 20141229182245-106

Amount of Each Receipt this Period

86.31

Full Name (Last, First, Middle Initial)

**c. Valery E. Gallagher**

Mailing Address 14334 Spring Meadow Ct

City

Libertyville

State

IL

Zip Code

60048-2490

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, State Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2234.40

Date of Receipt

12 / 19 / 2014

Transaction ID : 20141229175246-145

Amount of Each Receipt this Period

86.31

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

192.62

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cynthia L. Gallien**

Mailing Address 3005 S Forrester St

City

Bloomington

State

IN

Zip Code

47401-4494

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Business HR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 05 / 2014

Transaction ID : 20141229182245-241

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Cynthia L. Gallien**

Mailing Address 3005 S Forrester St

City

Bloomington

State

IN

Zip Code

47401-4494

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Business HR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2014

Transaction ID : 20141229175246-252

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Zhanna Gevorkian**

Mailing Address 1640 Camulos Ave

City

Glendale

State

CA

Zip Code

91208-2409

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, Finance

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

319.12

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 05 / 2014

Transaction ID : 20141229182245-125

Amount of Each Receipt this Period

12.88

**SUBTOTAL** of Receipts This Page (optional)..... ►

52.88

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

A. Zhanna Gevorkian

Mailing Address 1640 Camulos Ave

City

Glendale

State

CA

Zip Code

91208-2409

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, Finance

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

319.12

Date of Receipt

M M / D D / Y Y Y Y  
 12 / 19 / 2014

Transaction ID : 20141229175246-157

Amount of Each Receipt this Period

12.88

Full Name (Last, First, Middle Initial)

B. John J. Gibbons

Mailing Address 1242 N Lake Shore Dr

City

Chicago

State

IL

Zip Code

60610-2332

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Region

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
 12 / 05 / 2014

Transaction ID : 20141229182245-46

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

c. John J. Gibbons

Mailing Address 1242 N Lake Shore Dr

City

Chicago

State

IL

Zip Code

60610-2332

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Region

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
 12 / 19 / 2014

Transaction ID : 20141229175246-85

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

32.88

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 39 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Arthur J. Gibson**

Mailing Address 3775 Riverly Trce

City

Marietta

State

GA

Zip Code

30067-4241

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Environ, Health & Safety

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1613.80

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

**Transaction ID : 20141229182245-104**

Amount of Each Receipt this Period

62.42

Full Name (Last, First, Middle Initial)

**B. Arthur J. Gibson**

Mailing Address 3775 Riverly Trce

City

Marietta

State

GA

Zip Code

30067-4241

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Environ, Health & Safety

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1613.80

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 20141229175246-140**

Amount of Each Receipt this Period

62.42

Full Name (Last, First, Middle Initial)

**C. Amy W. Gillum**

Mailing Address 38358 N Munn Rd

City

Lake Villa

State

IL

Zip Code

60046-8816

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Dir, Containers

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

**Transaction ID : 20141229182245-11**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

134.84

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 40 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Amy W. Gillum**

Mailing Address 38358 N Munn Rd

City

Lake Villa

State

IL

Zip Code

60046-8816

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Dir, Containers

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 20141229175246-7**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Ralph L. Glover**

Mailing Address 1115 Westberry Ct

City

Lake Zurich

State

IL

Zip Code

60047-1400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Sr Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

**Transaction ID : 20141229182245-138**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**c. Ralph L. Glover**

Mailing Address 1115 Westberry Ct

City

Lake Zurich

State

IL

Zip Code

60047-1400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Sr Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 20141229175246-165**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

30.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 118

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Joseph P. Gomes**

Mailing Address 648 Cameron Dr

City

Antioch

State

IL

Zip Code

60002-1185

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Assoc Dir, Medical Affairs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

**Transaction ID : 20141229182245-187**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Joseph P. Gomes**

Mailing Address 648 Cameron Dr

City

Antioch

State

IL

Zip Code

60002-1185

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Assoc Dir, Medical Affairs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

**Transaction ID : 20141229175246-28**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**c. Tara L. Greene**

Mailing Address 730 Windermere Xing E

City

Madisonville

State

LA

Zip Code

70447-3150

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Mgr

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

**Transaction ID : 20141229182245-173**

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

75.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tara L. Greene**

Mailing Address 730 Windermere Xing E

City

Madisonville

State

LA

Zip Code

70447-3150

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Mgr

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 19 / 2014

Transaction ID : 20141229175246-200

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B. William J. Gresham**

Mailing Address 909 Clinton Pl

City

River Forest

State

IL

Zip Code

60305-1503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Dir, Ethics &amp; Compliance/EHS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 05 / 2014

Transaction ID : 20141229182245-60

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**c. William J. Gresham**

Mailing Address 909 Clinton Pl

City

River Forest

State

IL

Zip Code

60305-1503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Dir, Ethics &amp; Compliance/EHS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 19 / 2014

Transaction ID : 20141229175246-102

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

65.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

A. Peter M. Grubin

Mailing Address PO Box 747

Baxter Expat Admin

City

Deerfield

State

IL

Zip Code

60015-0747

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter World Trade Corporation

Occupation

Mgr II, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-94

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Peter M. Grubin

Mailing Address PO Box 747

Baxter Expat Admin

City

Deerfield

State

IL

Zip Code

60015-0747

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter World Trade Corporation

Occupation

Mgr II, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-127

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Suzann Hammel

Mailing Address 121 33rd Ave

City

Kenosha

State

WI

Zip Code

53144-1063

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Mgr, Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-220

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 44 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Suzann Hammel**

Mailing Address 121 33rd Ave

City

Kenosha

State

WI

Zip Code

53144-1063

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Mgr, Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-217**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. James Allen Harmon**

Mailing Address 13382 Andalusia Dr

City

Santa Rosa Valley

State

CA

Zip Code

93012-9045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Quality - BioScience

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-69**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. James Allen Harmon**

Mailing Address 13382 Andalusia Dr

City

Santa Rosa Valley

State

CA

Zip Code

93012-9045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Quality - BioScience

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-16**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 45 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Loyd Kenneth Harper**

Mailing Address 1860 Fairport Dr

City  
Grayslake

State  
IL

Zip Code  
60030-7947

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter

Occupation

Dir, Payer & Channel Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-265**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Loyd Kenneth Harper**

Mailing Address 1860 Fairport Dr

City  
Grayslake

State  
IL

Zip Code  
60030-7947

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter

Occupation

Dir, Payer & Channel Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-237**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Aaron J. Hebbeln**

Mailing Address 1305 Kristin Dr

City  
Libertyville

State  
IL

Zip Code  
60048-1285

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Mgr, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-228**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

130.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Aaron J. Hebbeln**

Mailing Address 1305 Kristin Dr

City

Libertyville

State

IL

Zip Code

60048-1285

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Mgr, Marketing

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2014

Transaction ID : 20141229175246-224

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Laurie R. Hernandez**

Mailing Address 1340 Crest Rd

City

Libertyville

State

IL

Zip Code

60048-1515

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Strategy &amp; Integration

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1551.46

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 05 / 2014

Transaction ID : 20141229182245-137

Amount of Each Receipt this Period

60.14

Full Name (Last, First, Middle Initial)

**C. Laurie R. Hernandez**

Mailing Address 1340 Crest Rd

City

Libertyville

State

IL

Zip Code

60048-1515

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Strategy &amp; Integration

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1551.46

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2014

Transaction ID : 20141229175246-160

Amount of Each Receipt this Period

60.14

SUBTOTAL of Receipts This Page (optional)..... ►

150.28

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 47 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Robert J. Hombach**

Mailing Address 126 Homewood Ave

City

Libertyville

State

IL

Zip Code

60048-2122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, Chief Financial Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

**Transaction ID : 20141229182245-202**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Robert J. Hombach**

Mailing Address 126 Homewood Ave

City

Libertyville

State

IL

Zip Code

60048-2122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, Chief Financial Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 20141229175246-210**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Richard J. Houge**

Mailing Address 5735 N Bay Ridge Ave

City

Whitefish Bay

State

WI

Zip Code

53217-4719

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Renal Account Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

**Transaction ID : 20141229182245-29**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

110.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Richard J. Houge**

Mailing Address 5735 N Bay Ridge Ave

City State Zip Code  
 Whitefish Bay WI 53217-4719

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Renal Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 19 2014

Transaction ID : 20141229175246-66

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Kim Isenberg**

Mailing Address 5028 Belmont Ave S

City State Zip Code  
 Minneapolis MN 55419-1312

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Manager, Reimb and Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 05 2014

Transaction ID : 20141229182245-218

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. Kim Isenberg**

Mailing Address 5028 Belmont Ave S

City State Zip Code  
 Minneapolis MN 55419-1312

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Manager, Reimb and Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 19 2014

Transaction ID : 20141229175246-218

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

80.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 49 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Irene P. Jakimcius**

Mailing Address 2208 Wesley Ave

City

Evanston

State

IL

Zip Code

60201-2648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Assoc General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2405.34

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-35**

Amount of Each Receipt this Period

92.85

Full Name (Last, First, Middle Initial)

**B. Irene P. Jakimcius**

Mailing Address 2208 Wesley Ave

City

Evanston

State

IL

Zip Code

60201-2648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Assoc General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2405.34

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-69**

Amount of Each Receipt this Period

92.85

Full Name (Last, First, Middle Initial)

**C. Michael T. Jennings**

Mailing Address 130 W Lincoln Ave

City

Libertyville

State

IL

Zip Code

60048-2721

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Dir, Strategy & Integration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1128.18

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-273**

Amount of Each Receipt this Period

43.56

**SUBTOTAL** of Receipts This Page (optional)..... ►

229.26

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael T. Jennings**

Mailing Address 130 W Lincoln Ave

City

Libertyville

State

IL

Zip Code

60048-2721

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Dir, Strategy &amp; Integration

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1128.18

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-100

Amount of Each Receipt this Period

43.56

Full Name (Last, First, Middle Initial)

**B. Brien D. Johnson**

Mailing Address 739 Kimball Rd

City

Highland Park

State

IL

Zip Code

60035-3616

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Program Mgmt - Plasma

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-209

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Brien D. Johnson**

Mailing Address 739 Kimball Rd

City

Highland Park

State

IL

Zip Code

60035-3616

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Program Mgmt - Plasma

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-215

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

63.56

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

A. Kurt Johnson

Mailing Address 2322 Central Park Ave

City State Zip Code  
 Evanston IL 60201-1810

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, BD - BioScience

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 05 2014

Transaction ID : 20141229182245-83

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Kurt Johnson

Mailing Address 2322 Central Park Ave

City State Zip Code  
 Evanston IL 60201-1810

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, BD - BioScience

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 19 2014

Transaction ID : 20141229175246-112

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Robert A. Johnson

Mailing Address 31385 W Somerset Cir

City State Zip Code  
 Libertyville IL 60048-4886

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter World Trade Corporation

Occupation

VP, Renal Mfg - Med Products

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 05 2014

Transaction ID : 20141229182245-72

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

65.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 52 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Robert A. Johnson**

Mailing Address 31385 W Somerset Cir

City

Libertyville

State

IL

Zip Code

60048-4886

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter World Trade Corporation

Occupation

VP, Renal Mfg - Med Products

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 20141229175246-55**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Kimberly L. Jones**

Mailing Address 164 Clear Creek Rd

City

Shelbyville

State

KY

Zip Code

40065-9652

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Reimbursement Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

**Transaction ID : 20141229182245-45**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**c. Kimberly L. Jones**

Mailing Address 164 Clear Creek Rd

City

Shelbyville

State

KY

Zip Code

40065-9652

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Reimbursement Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 20141229175246-86**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

45.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 53 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Julie L. Junkin**

Mailing Address 932 Wilmette Ter

City

Lake Zurich

State

IL

Zip Code

60047-2162

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Business HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

**Transaction ID : 20141229182245-58**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Julie L. Junkin**

Mailing Address 932 Wilmette Ter

City

Lake Zurich

State

IL

Zip Code

60047-2162

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Business HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 20141229175246-99**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Andrew W. Kamai**

Mailing Address 1520 Greystone Dr

City

Gurnee

State

IL

Zip Code

60031-9128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Mgr, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

**Transaction ID : 20141229182245-156**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

45.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Andrew W. Kamai**

Mailing Address 1520 Greystone Dr

City State Zip Code  
Gurnee IL 60031-9128

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Mgr, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
12 19 2014

Transaction ID : 20141229175246-185

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Jaeson R. Kaplan**

Mailing Address 2410 Asbury Rd

City State Zip Code  
Northbrook IL 60062-5902

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
12 19 2014

Transaction ID : 20141229175246-211

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**c. Omar H. Khalil**

Mailing Address 821 Windsor Rd

City State Zip Code  
Glenview IL 60025-3128

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Dir, Hospital Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
12 05 2014

Transaction ID : 20141229182245-242

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

A. Omar H. Khalil

Mailing Address 821 Windsor Rd

City  
Glenview

State Zip Code  
IL 60025-3128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Dir, Hospital Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-44

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Julie S. Kim

Mailing Address PO Box 747

Baxter Expat Admin

City  
Deerfield

State Zip Code  
IL 60015-0747

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

GM, UK &amp; Ireland

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1682.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-53

Amount of Each Receipt this Period

67.31

Full Name (Last, First, Middle Initial)

C. Julie S. Kim

Mailing Address PO Box 747

Baxter Expat Admin

City  
Deerfield

State Zip Code  
IL 60015-0747

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

GM, UK &amp; Ireland

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1682.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-93

Amount of Each Receipt this Period

67.31

SUBTOTAL of Receipts This Page (optional)..... ►

159.62

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 56 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Sherryl L. King**

Mailing Address 1240 S Walnut Ave

City

Arlington Heights

State

IL

Zip Code

60005-3056

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Bus Analytics - BioScience

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-105**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Sherryl L. King**

Mailing Address 1240 S Walnut Ave

City

Arlington Heights

State

IL

Zip Code

60005-3056

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Bus Analytics - BioScience

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-17**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Helena M. Klumpp**

Mailing Address 2308 Isabella St

City

Evanston

State

IL

Zip Code

60201-1405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Senior Tax Counsel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-150**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

120.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Helena M. Klumpp**

Mailing Address 2308 Isabella St

City

Evanston

State

IL

Zip Code

60201-1405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Senior Tax Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-180

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Thomas K. Kroeger**

Mailing Address 12538 Landeck Rd

City

Delphos

State

OH

Zip Code

45833-9600

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Division Quality Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-81

Amount of Each Receipt this Period

10.86

Full Name (Last, First, Middle Initial)

**c. Thomas K. Kroeger**

Mailing Address 12538 Landeck Rd

City

Delphos

State

OH

Zip Code

45833-9600

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Division Quality Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-121

Amount of Each Receipt this Period

10.86

SUBTOTAL of Receipts This Page (optional)..... ►

41.72

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Brian J. LaMarca**

Mailing Address 2261 Zach Scott St

City  
Austin

State  
TX

Zip Code  
78723-5463

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BioLife Plasma L.L.C.

Occupation  
Regional Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

739.80

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-99

Amount of Each Receipt this Period

28.56

Full Name (Last, First, Middle Initial)

**B. Brian J. LaMarca**

Mailing Address 2261 Zach Scott St

City  
Austin

State  
TX

Zip Code  
78723-5463

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BioLife Plasma L.L.C.

Occupation  
Regional Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

739.80

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-134

Amount of Each Receipt this Period

28.56

Full Name (Last, First, Middle Initial)

**C. Edward Leonard Lamb**

Mailing Address 1072 S Rockwell St

City  
Gilbert

State  
AZ

Zip Code  
85296-8889

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corporation

Occupation  
Dir, Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-184

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

67.12

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Edward Leonard Lamb**

Mailing Address 1072 S Rockwell St

City  
Gilbert

State  
AZ

Zip Code  
85296-8889

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-206

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Timothy P. Lawrence**

Mailing Address 1175 Museum Blvd  
Unit 210

City  
Vernon Hills

State  
IL

Zip Code  
60061-3156

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Mfg &amp; SC - Med Products

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2029.48

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-55

Amount of Each Receipt this Period

78.50

Full Name (Last, First, Middle Initial)

**C. Timothy P. Lawrence**

Mailing Address 1175 Museum Blvd  
Unit 210

City  
Vernon Hills

State  
IL

Zip Code  
60061-3156

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Mfg &amp; SC - Med Products

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2029.48

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-95

Amount of Each Receipt this Period

78.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

167.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mary F. Lemke**

Mailing Address 3121 Renaissance Way NE

City State Zip Code  
 Atlanta GA 30308-2463

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Region

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.26

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 05 2014

Transaction ID : 20141229182245-12

Amount of Each Receipt this Period

16.35

Full Name (Last, First, Middle Initial)

**B. Mary F. Lemke**

Mailing Address 3121 Renaissance Way NE

City State Zip Code  
 Atlanta GA 30308-2463

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Region

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.26

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 19 2014

Transaction ID : 20141229175246-52

Amount of Each Receipt this Period

16.35

Full Name (Last, First, Middle Initial)

**C. Jacopo Leonardi**

Mailing Address 319 Vincent Ct

City State Zip Code  
 Lake Bluff IL 60044-2758

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

GM, US Hemophilia

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 05 2014

Transaction ID : 20141229182245-152

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.70

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 61 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jacopo Leonardi**

Mailing Address 319 Vincent Ct

City

Lake Bluff

State

IL

Zip Code

60044-2758

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

GM, US Hemophilia

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-183**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Kelli Lester**

Mailing Address 3623 Stanford Cir

City

Falls Church

State

VA

Zip Code

22041-1316

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Govt Affs & Alliance Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-183**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**C. Kelli Lester**

Mailing Address 3623 Stanford Cir

City

Falls Church

State

VA

Zip Code

22041-1316

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Govt Affs & Alliance Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-161**

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 62 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Josephine M. Li-McLeod**

Mailing Address 758 Cranmont Ct

City

Simi Valley

State

CA

Zip Code

93065-7075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Director, MORE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-67**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Josephine M. Li-McLeod**

Mailing Address 758 Cranmont Ct

City

Simi Valley

State

CA

Zip Code

93065-7075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Director, MORE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-64**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. John W. Lifer**

Mailing Address 5601 E Country Rdg

City

Fayetteville

State

AR

Zip Code

72701-7455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Plasma Center Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-174**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

75.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 63 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John W. Lifer**

Mailing Address 5601 E Country Rdg

City

Fayetteville

State

AR

Zip Code

72701-7455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Plasma Center Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-199**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Ronald K. Lloyd**

Mailing Address 2 W Delaware Pl  
Unit 2603

City

Chicago

State

IL

Zip Code

60610-3416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

GFH, BioTherapeutics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-84**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**c. Ronald K. Lloyd**

Mailing Address 2 W Delaware Pl  
Unit 2603

City

Chicago

State

IL

Zip Code

60610-3416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

GFH, BioTherapeutics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-113**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 64 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Scott P. Luce**

Mailing Address 1311 Kristin Dr

City

Libertyville

State

IL

Zip Code

60048-1285

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

GM, US Med Delivery

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

**Transaction ID : 20141229182245-171**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Scott P. Luce**

Mailing Address 1311 Kristin Dr

City

Libertyville

State

IL

Zip Code

60048-1285

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

GM, US Med Delivery

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 20141229175246-196**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Marcus A. Luna**

Mailing Address 11 Heath Pkwy

City

Middletown

State

NJ

Zip Code

07748-1718

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Hemophilia TBM

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

**Transaction ID : 20141229182245-162**

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

55.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 65 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Marcus A. Luna**

Mailing Address 11 Heath Pkwy

City State Zip Code  
Middletown NJ 07748-1718

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Hemophilia TBM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 20141229175246-186**

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B. Tracy L. Luncsford**

Mailing Address 400 Hill Ct

City State Zip Code  
Prospect Heights IL 60070-1310

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Contracts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

**Transaction ID : 20141229182245-268**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Tracy L. Luncsford**

Mailing Address 400 Hill Ct

City State Zip Code  
Prospect Heights IL 60070-1310

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Contracts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 20141229175246-265**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

35.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 66 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michelle P. Luo**

Mailing Address 9 Elsinoor Dr

City

Lincolnshire

State

IL

Zip Code

60069-3118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Market Access

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-148**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Michelle P. Luo**

Mailing Address 9 Elsinoor Dr

City

Lincolnshire

State

IL

Zip Code

60069-3118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Market Access

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-174**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Glen A. Lyles**

Mailing Address PO Box 1316

City

Shelby

State

MS

Zip Code

38774-1316

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Manager II, Manufacturing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-130**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

30.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Glen A. Lyles**

Mailing Address PO Box 1316

City State Zip Code  
 Shelby MS 38774-1316

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Manager II, Manufacturing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 19 2014

Transaction ID : 20141229175246-162

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Jack Maniko**

Mailing Address 6625 Barnaby St NW

City State Zip Code  
 Washington DC 20015-2331

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 05 2014

Transaction ID : 20141229182245-166

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. Jack Maniko**

Mailing Address 6625 Barnaby St NW

City State Zip Code  
 Washington DC 20015-2331

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 19 2014

Transaction ID : 20141229175246-191

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

80.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael E. Martin**

Mailing Address 10680 Red Leaf Cir

City

Village Of Lakewoo

State

IL

Zip Code

60014-4852

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, MPO Program Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

578.90

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-13

Amount of Each Receipt this Period

22.39

Full Name (Last, First, Middle Initial)

**B. Michael E. Martin**

Mailing Address 10680 Red Leaf Cir

City

Village Of Lakewoo

State

IL

Zip Code

60014-4852

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, MPO Program Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

578.90

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-58

Amount of Each Receipt this Period

22.39

Full Name (Last, First, Middle Initial)

**C. Jeanne K. Mason**

Mailing Address 1760 Duffy Ln

City

Bannockburn

State

IL

Zip Code

60015-1512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-108

Amount of Each Receipt this Period

152.36

SUBTOTAL of Receipts This Page (optional)..... ►

197.14

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 69 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeanne K. Mason**

Mailing Address 1760 Duffy Ln

City

Bannockburn

State

IL

Zip Code

60015-1512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-144**

Amount of Each Receipt this Period

0.00

Full Name (Last, First, Middle Initial)

**B. John A. McCoy**

Mailing Address 122 Surrey Ln

City

Lake Forest

State

IL

Zip Code

60045-3472

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

VP, Corporate Audit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-128**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**c. John A. McCoy**

Mailing Address 122 Surrey Ln

City

Lake Forest

State

IL

Zip Code

60045-3472

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

VP, Corporate Audit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-163**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

40.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kevin K. McCulloch**

Mailing Address 730 Greenwood Ave

City

Wilmette

State

IL

Zip Code

60091-1748

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

GFH, Global Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-48

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Kevin K. McCulloch**

Mailing Address 730 Greenwood Ave

City

Wilmette

State

IL

Zip Code

60091-1748

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

GFH, Global Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-246

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Jodi L. McKelvey**

Mailing Address 904 James Ct

City

Waunakee

State

WI

Zip Code

53597-2108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Mgr, Healthcare Reimb

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-176

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

30.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 71 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jodi L. McKelvey**

Mailing Address 904 James Ct

City

Waunakee

State

WI

Zip Code

53597-2108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Mgr, Healthcare Reimb

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 20141229175246-23**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Daniel S. McRae**

Mailing Address 2965 Redding Rd NE

City

Atlanta

State

GA

Zip Code

30319-2911

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Infusion System Sales Represen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

**Transaction ID : 20141229182245-102**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**c. Daniel S. McRae**

Mailing Address 2965 Redding Rd NE

City

Atlanta

State

GA

Zip Code

30319-2911

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Infusion System Sales Represen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 20141229175246-141**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

A. John K. McVey

Mailing Address 6320 Longwood Rd

City

Libertyville

State

IL

Zip Code

60048-9447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Sr Dir, Reg Affairs &amp; Quality

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 05 / 2014

Transaction ID : 20141229182245-17

Amount of Each Receipt this Period

27.00

Full Name (Last, First, Middle Initial)

B. John K. McVey

Mailing Address 6320 Longwood Rd

City

Libertyville

State

IL

Zip Code

60048-9447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Sr Dir, Reg Affairs &amp; Quality

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2014

Transaction ID : 20141229175246-56

Amount of Each Receipt this Period

27.00

Full Name (Last, First, Middle Initial)

C. Dana Mendenhall

Mailing Address 106 S Sangamon St  
Apt 2S

City

Chicago

State

IL

Zip Code

60607-2757

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Marketing

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 05 / 2014

Transaction ID : 20141229182245-154

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

79.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 73 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Dana Mendenhall**

Mailing Address 106 S Sangamon St  
Apt 2S

City State Zip Code  
Chicago IL 60607-2757

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 20141229175246-178**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **B. Donna Ann Meyer**

Mailing Address 614 Vista Falls Rd

City State Zip Code  
Mills River NC 28759-6531

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Business HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

**Transaction ID : 20141229182245-191**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

## **C. Donna Ann Meyer**

Mailing Address 614 Vista Falls Rd

City State Zip Code  
Mills River NC 28759-6531

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Business HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 20141229175246-135**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

45.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Chris C. Miskel**

Mailing Address 1950 Lake Charles Dr

City

Vernon Hills

State

IL

Zip Code

60061-4578

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Nat Accts - US BioScience

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.92

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-249

Amount of Each Receipt this Period

53.22

Full Name (Last, First, Middle Initial)

**B. Chris C. Miskel**

Mailing Address 1950 Lake Charles Dr

City

Vernon Hills

State

IL

Zip Code

60061-4578

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Nat Accts - US BioScience

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.92

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-228

Amount of Each Receipt this Period

53.22

Full Name (Last, First, Middle Initial)

**C. Barbara E. Morris**

Mailing Address 924 N Saratoga Dr

City

Palatine

State

IL

Zip Code

60074-3729

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Medical Dictionary Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-21

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

116.44

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 75 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Barbara E. Morris**

Mailing Address 924 N Saratoga Dr

City  
Palatine

State  
IL

Zip Code  
60074-3729

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Medical Dictionary Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-72**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Mark R. Nail**

Mailing Address 4 Lost Meadow Cv

City  
The Hills

State  
TX

Zip Code  
78738-1341

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Renal Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-100**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Mark R. Nail**

Mailing Address 4 Lost Meadow Cv

City  
The Hills

State  
TX

Zip Code  
78738-1341

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Renal Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-146**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 76 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Gregory C. Neier**

Mailing Address 26W201 Tomahawk Dr

City

Wheaton

State

IL

Zip Code

60189-1513

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-177**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Gregory C. Neier**

Mailing Address 26W201 Tomahawk Dr

City

Wheaton

State

IL

Zip Code

60189-1513

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-204**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**c. Chad L. Ness**

Mailing Address 343 Park Ave  
 # 7E

City

Highland Park

State

IL

Zip Code

60035-2658

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-227**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

110.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 77 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Chad L. Ness**

Mailing Address 343 Park Ave  
# 7E

City Highland Park State IL Zip Code 60035-2658

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-223**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Gwen E. Nielsen**

Mailing Address 909 Hobson Dr

City Buffalo Grove State IL Zip Code 60089-7019

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Mgr, Sales Training

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-215**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Gwen E. Nielsen**

Mailing Address 909 Hobson Dr

City Buffalo Grove State IL Zip Code 60089-7019

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Mgr, Sales Training

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-167**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

30.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 78 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Peter J. O'Malley**

Mailing Address 791 Summit Ave

City

Lake Forest

State

IL

Zip Code

60045-1830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Mkt Access - US BioScience

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

**Transaction ID : 20141229182245-4**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**B. Peter J. O'Malley**

Mailing Address 791 Summit Ave

City

Lake Forest

State

IL

Zip Code

60045-1830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Mkt Access - US BioScience

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 20141229175246-5**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**c. Stasia L. Ogden**

Mailing Address 1750 W Cortland St

City

Chicago

State

IL

Zip Code

60622-1123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Assoc GC - IP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

**Transaction ID : 20141229182245-116**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

110.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 79 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Stasia L. Ogden**

Mailing Address 1750 W Cortland St

City

Chicago

State

IL

Zip Code

60622-1123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Assoc GC - IP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-77**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Jeffrey Parke**

Mailing Address 439 Center Rd

City

Ozark

State

MO

Zip Code

65721-6167

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Regional Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-109**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Jeffrey Parke**

Mailing Address 439 Center Rd

City

Ozark

State

MO

Zip Code

65721-6167

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Regional Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-245**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

40.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 80 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Robert L. Parkinson**

Mailing Address 1332 Edgewood Ln

City

Northbrook

State

IL

Zip Code

60062-4716

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Chairman, President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-80**

Amount of Each Receipt this Period

0.00

Full Name (Last, First, Middle Initial)

**B. Robert L. Parkinson**

Mailing Address 1332 Edgewood Ln

City

Northbrook

State

IL

Zip Code

60062-4716

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Chairman, President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-120**

Amount of Each Receipt this Period

0.00

Full Name (Last, First, Middle Initial)

**C. Timothy J. Pasternak**

Mailing Address 1933 Oak Tree Trl

City

Lake Villa

State

IL

Zip Code

60046-7557

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Director, Quality, MP Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-113**

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

15.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Timothy J. Pasternak**

Mailing Address 1933 Oak Tree Trl

City

Lake Villa

State

IL

Zip Code

60046-7557

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Director, Quality, MP Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-154

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B. Jed M. Perry**

Mailing Address 9078 Brook Ford Rd

City

Burke

State

VA

Zip Code

22015-3617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Fed Affairs &amp; Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-163

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**c. Jed M. Perry**

Mailing Address 9078 Brook Ford Rd

City

Burke

State

VA

Zip Code

22015-3617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Fed Affairs &amp; Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-22

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

75.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

A. Linda J. Peters

Mailing Address 14866 Sanctuary Ln

City

Libertyville

State

IL

Zip Code

60048-9611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, RA - Med Products

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-190

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Linda J. Peters

Mailing Address 14866 Sanctuary Ln

City

Libertyville

State

IL

Zip Code

60048-9611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, RA - Med Products

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-207

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Carla D. Pittman

Mailing Address 3933 Kenway Ave

City

Los Angeles

State

CA

Zip Code

90008-4805

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Counsel

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1875.12

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-65

Amount of Each Receipt this Period

72.12

SUBTOTAL of Receipts This Page (optional)..... ►

272.12

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Carla D. Pittman**

Mailing Address 3933 Kenway Ave

City

Los Angeles

State

CA

Zip Code

90008-4805

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Counsel

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1875.12

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 19 / 2014

Transaction ID : 20141229175246-104

Amount of Each Receipt this Period

72.12

Full Name (Last, First, Middle Initial)

**B. Heather L. Polk**

Mailing Address 7635 1/2 N Greenview Ave  
Apt 1S

City

Chicago

State

IL

Zip Code

60626-6070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr. Marketing Manager, Clinica

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 05 / 2014

Transaction ID : 20141229182245-126

Amount of Each Receipt this Period

0.00

Full Name (Last, First, Middle Initial)

**C. Thomas J. Progar**

Mailing Address 2907 Sweetwater Ln

City

Johnsburg

State

IL

Zip Code

60051-5187

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Marketing

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 05 / 2014

Transaction ID : 20141229182245-14

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

82.12

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 84 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Thomas J. Progar**

Mailing Address 2907 Sweetwater Ln

City

Johnsburg

State

IL

Zip Code

60051-5187

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-53**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Joseph A. Pudlo**

Mailing Address 525 Trestle Ct

City

Grayslake

State

IL

Zip Code

60030-2766

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-192**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**c. Joseph A. Pudlo**

Mailing Address 525 Trestle Ct

City

Grayslake

State

IL

Zip Code

60030-2766

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-60**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

50.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

A. Julie A. Quick

Mailing Address 3223 Epstein Cir

City

Mundelein

State

IL

Zip Code

60060-6049

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Sr Mgr, Reg Affairs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

631.30

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-160

Amount of Each Receipt this Period

24.38

Full Name (Last, First, Middle Initial)

B. Julie A. Quick

Mailing Address 3223 Epstein Cir

City

Mundelein

State

IL

Zip Code

60060-6049

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Sr Mgr, Reg Affairs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

631.30

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-194

Amount of Each Receipt this Period

24.38

Full Name (Last, First, Middle Initial)

C. Janet L. Raciti

Mailing Address 19 Wimbledon Ct

City

Lincolnshire

State

IL

Zip Code

60069-2127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Strategic Reimbursement

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-73

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

88.76

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 86 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Janet L. Raciti**

Mailing Address 19 Wimbledon Ct

City

Lincolnshire

State

IL

Zip Code

60069-2127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Strategic Reimbursement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-111**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Philip D. Rackliffe**

Mailing Address 1545 McClellan Dr

City

Lindenhurst

State

IL

Zip Code

60046-1803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

GFH, Pharmacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-118**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**c. Philip D. Rackliffe**

Mailing Address 1545 McClellan Dr

City

Lindenhurst

State

IL

Zip Code

60046-1803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

GFH, Pharmacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-147**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 87 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. G. Joseph Ray**

Mailing Address 1677 Greene Ridge Dr

City

Naperville

State

IL

Zip Code

60565-6752

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Research Scientist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-124**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. G. Joseph Ray**

Mailing Address 1677 Greene Ridge Dr

City

Naperville

State

IL

Zip Code

60565-6752

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Research Scientist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-19**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**c. Jeffrey G. Reading**

Mailing Address 2421 Pawnee Xing

City

Edmond

State

OK

Zip Code

73034-6873

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Dir, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-49**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

40.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 88 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeffrey G. Reading**

Mailing Address 2421 Pawnee Xing

City

Edmond

State

OK

Zip Code

73034-6873

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Dir, Operations

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-98**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Crystal A. Riley**

Mailing Address 10210 Angora Dr

City

Cheltenham

State

MD

Zip Code

20623-1068

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Manager, Healthcare Policy

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-255**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**c. Crystal A. Riley**

Mailing Address 10210 Angora Dr

City

Cheltenham

State

MD

Zip Code

20623-1068

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Manager, Healthcare Policy

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-259**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 89 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Fredrick D. Ruda**

Mailing Address 1316 Ashland Ave

City

Wilmette

State

IL

Zip Code

60091-1608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Finance Baxter Capital

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-136**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Fredrick D. Ruda**

Mailing Address 1316 Ashland Ave

City

Wilmette

State

IL

Zip Code

60091-1608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Finance Baxter Capital

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-164**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Joseph Russo**

Mailing Address 27928 Periwinkle Ln

City

Valencia

State

CA

Zip Code

91354-1843

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Envir Health & Safety

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

956.72

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-85**

Amount of Each Receipt this Period

36.94

**SUBTOTAL** of Receipts This Page (optional)..... ►

56.94

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Joseph Russo**

Mailing Address 27928 Periwinkle Ln

City State Zip Code  
 Valencia CA 91354-1843

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Envir Health &amp; Safety

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

956.72

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 19 2014

Transaction ID : 20141229175246-96

Amount of Each Receipt this Period

36.94

Full Name (Last, First, Middle Initial)

**B. Roibin Ryan**

Mailing Address 1419 W Berteau Ave

City State Zip Code  
 Chicago IL 60613-1914

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Deputy Gen Counsel, Lit &amp; Empl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2824.12

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 05 2014

Transaction ID : 20141229182245-274

Amount of Each Receipt this Period

108.62

Full Name (Last, First, Middle Initial)

**C. Roibin Ryan**

Mailing Address 1419 W Berteau Ave

City State Zip Code  
 Chicago IL 60613-1914

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Deputy Gen Counsel, Lit &amp; Empl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2824.12

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 19 2014

Transaction ID : 20141229175246-258

Amount of Each Receipt this Period

108.62

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

254.18

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 91 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Eric A. Sato**

Mailing Address 381 W Prairie Walk Ln

City

Round Lake

State

IL

Zip Code

60073-4255

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Dir Mktg, Hospital Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-164**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Eric A. Sato**

Mailing Address 381 W Prairie Walk Ln

City

Round Lake

State

IL

Zip Code

60073-4255

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Dir Mktg, Hospital Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-189**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**c. David P. Scharf**

Mailing Address 931 Oak St

City

Winnetka

State

IL

Zip Code

60093-2440

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3255.08

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-93**

Amount of Each Receipt this Period

125.58

**SUBTOTAL** of Receipts This Page (optional)..... ►

175.58

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David P. Scharf**

Mailing Address 931 Oak St

City  
Winnetka

State Zip Code  
IL 60093-2440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation  
CVP, General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3255.08

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-128

Amount of Each Receipt this Period

125.58

Full Name (Last, First, Middle Initial)

**B. Jessica A. Schreiner-Donnelly**

Mailing Address 453 Gilbert Ave

City  
Eau Claire

State Zip Code  
WI 54701-3904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BioLife Plasma L.L.C.

Occupation  
Mgr II, Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-101

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Jessica A. Schreiner-Donnelly**

Mailing Address 453 Gilbert Ave

City  
Eau Claire

State Zip Code  
WI 54701-3904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BioLife Plasma L.L.C.

Occupation  
Mgr II, Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-137

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

145.58

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Joseph V. Schwan**

Mailing Address 1414 Laburnum St

City State Zip Code  
 McLean VA 22101-2523

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 05 2014

Transaction ID : 20141229182245-158

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Joseph V. Schwan**

Mailing Address 1414 Laburnum St

City State Zip Code  
 McLean VA 22101-2523

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 19 2014

Transaction ID : 20141229175246-187

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Keith W. Scruggs**

Mailing Address 419 Willow Glen Cir  
 Dir. Engineering

City State Zip Code  
 Simi Valley CA 93065-8219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Engineering

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 05 2014

Transaction ID : 20141229182245-97

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

30.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 94 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Keith W. Scruggs**

Mailing Address 419 Willow Glen Cir

Dir. Engineering

City

Simi Valley

State

CA

Zip Code

93065-8219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Engineering

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-136**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

## **B. Jeffrey Allen Sexton**

Mailing Address 19 Cochran View Dr

City

Marion

State

NC

Zip Code

28752-6014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Supv II, Manufacturing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.44

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-121**

Amount of Each Receipt this Period

14.62

Full Name (Last, First, Middle Initial)

## **C. Jeffrey Allen Sexton**

Mailing Address 19 Cochran View Dr

City

Marion

State

NC

Zip Code

28752-6014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Supv II, Manufacturing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.44

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-84**

Amount of Each Receipt this Period

14.62

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

39.24

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 95 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Sulin B. Shah**

Mailing Address 150 W Superior St  
Apt 904

City State Zip Code  
Chicago IL 60654-8708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-135**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Sulin B. Shah**

Mailing Address 150 W Superior St  
Apt 904

City State Zip Code  
Chicago IL 60654-8708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-166**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**c. Shelley M. Shaw**

Mailing Address PO Box 747  
Baxter Expat Admin,

City State Zip Code  
Deerfield IL 60015-0747

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter World Trade Corporation

Occupation

Dir, New Products Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-89**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

30.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Shelley M. Shaw**

Mailing Address PO Box 747

Baxter Expat Admin,

City

Deerfield

State

IL

Zip Code

60015-0747

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter World Trade Corporation

Occupation

Dir, New Products Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-131

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Timothy L. Shaw**

Mailing Address 1351 Grey Wolf Dr

City

Collierville

State

TN

Zip Code

38017-8651

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-159

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**c. Timothy L. Shaw**

Mailing Address 1351 Grey Wolf Dr

City

Collierville

State

TN

Zip Code

38017-8651

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-193

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

30.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

A. Lori E. Sims

Mailing Address 66 Cooper Dr

City

Glastonbury

State

CT

Zip Code

06033-1020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, State Govt Affairs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

688.48

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-119

Amount of Each Receipt this Period

26.63

Full Name (Last, First, Middle Initial)

B. Lori E. Sims

Mailing Address 66 Cooper Dr

City

Glastonbury

State

CT

Zip Code

06033-1020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, State Govt Affairs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

688.48

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-76

Amount of Each Receipt this Period

26.63

Full Name (Last, First, Middle Initial)

C. John Sisto

Mailing Address 3307 W Stonybrook Dr

City

Anaheim

State

CA

Zip Code

92804-3025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, IT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-95

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

63.26

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 98 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John Sisto**

Mailing Address 3307 W Stonybrook Dr

City

Anaheim

State

CA

Zip Code

92804-3025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-133**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Catherine Ann Skala**

Mailing Address 1014 Oakwood Ave

City

Wilmette

State

IL

Zip Code

60091-3322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Integration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-186**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Catherine Ann Skala**

Mailing Address 1014 Oakwood Ave

City

Wilmette

State

IL

Zip Code

60091-3322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Integration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-159**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Susan Skrudland**

Mailing Address 735 N Vail Ave

City

Arlington Heights

State

IL

Zip Code

60004-5523

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Mgr, Marketing

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 19 / 2014

Transaction ID : 20141229175246-221

Amount of Each Receipt this Period

8.00

Full Name (Last, First, Middle Initial)

**B. Beverly B. Smith**

Mailing Address 869 Deep Woods Dr

City

Marion

State

NC

Zip Code

28752-8252

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Manufacturing

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 05 / 2014

Transaction ID : 20141229182245-41

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**c. Beverly B. Smith**

Mailing Address 869 Deep Woods Dr

City

Marion

State

NC

Zip Code

28752-8252

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Manufacturing

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 19 / 2014

Transaction ID : 20141229175246-247

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

48.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Deborah G. Spak**

Mailing Address 1555 Stratford Rd

City

Deerfield

State

IL

Zip Code

60015-2147

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Dir, Global Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.72

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-39

Amount of Each Receipt this Period

18.27

Full Name (Last, First, Middle Initial)

**B. Deborah G. Spak**

Mailing Address 1555 Stratford Rd

City

Deerfield

State

IL

Zip Code

60015-2147

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Dir, Global Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.72

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 20141229175246-80

Amount of Each Receipt this Period

18.27

Full Name (Last, First, Middle Initial)

**C. Kris C. Steelman**

Mailing Address PO Box 2236

City

Mountain Home

State

AR

Zip Code

72654-2236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, Supply Chain

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 20141229182245-23

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

46.54

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 101 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kris C. Steelman**

Mailing Address PO Box 2236

City

Mountain Home

State

AR

Zip Code

72654-2236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, Supply Chain

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-68**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Elizabeth F. Stoll**

Mailing Address 3014 Greendale Dr NW

City

Atlanta

State

GA

Zip Code

30327-1609

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, State Govt Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.46

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-76**

Amount of Each Receipt this Period

11.41

Full Name (Last, First, Middle Initial)

**C. Elizabeth F. Stoll**

Mailing Address 3014 Greendale Dr NW

City

Atlanta

State

GA

Zip Code

30327-1609

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, State Govt Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.46

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-116**

Amount of Each Receipt this Period

11.41

**SUBTOTAL** of Receipts This Page (optional)..... ►

32.82

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 102 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Elizabeth L. Stoltz**

Mailing Address 371 W Sparrow Dr

City

State

Zip Code

Chandler

AZ

85286-7762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Mgr, Reimb & Advocacy

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-270**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Elizabeth L. Stoltz**

Mailing Address 371 W Sparrow Dr

City

State

Zip Code

Chandler

AZ

85286-7762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Mgr, Reimb & Advocacy

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-176**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Rana Strellis**

Mailing Address 1028 Linden Leaf Dr

City

State

Zip Code

Glenview

IL

60025-2717

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Dir, Gbl Strategy & Plng

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-122**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

30.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 103 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Rana Strellis**

Mailing Address 1028 Linden Leaf Dr

City  
Glenview

State  
IL

Zip Code  
60025-2717

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Dir, Gbl Strategy & Plng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 20141229175246-82**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Mathew A. Taylor**

Mailing Address 7943 Bellflower Rd

City  
Mentor

State  
OH

Zip Code  
44060-4006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Plasma Center Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

**Transaction ID : 20141229182245-167**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Mathew A. Taylor**

Mailing Address 7943 Bellflower Rd

City  
Mentor

State  
OH

Zip Code  
44060-4006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Plasma Center Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 20141229175246-195**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

30.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

A. Erik A. Thomas

Mailing Address 25 Doral Dr

City

Hawthorn Woods

State

IL

Zip Code

60047-8432

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Dir, Comm Effectiveness

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 05 / 2014

Transaction ID : 20141229182245-143

Amount of Each Receipt this Period

12.50

Full Name (Last, First, Middle Initial)

B. Erik A. Thomas

Mailing Address 25 Doral Dr

City

Hawthorn Woods

State

IL

Zip Code

60047-8432

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Dir, Comm Effectiveness

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 19 / 2014

Transaction ID : 20141229175246-172

Amount of Each Receipt this Period

12.50

Full Name (Last, First, Middle Initial)

C. Russell Thompson

Mailing Address 1170 Rivers Reach Dr

City

Charleston

State

SC

Zip Code

29492-7819

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Region

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

323.54

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 05 / 2014

Transaction ID : 20141229182245-196

Amount of Each Receipt this Period

12.54

SUBTOTAL of Receipts This Page (optional)..... ►

37.54

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 105 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Russell Thompson**

Mailing Address 1170 Rivers Reach Dr

City State Zip Code  
 Charleston SC 29492-7819

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Region

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.54

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 19 / 2014

**Transaction ID : 20141229175246-61**

Amount of Each Receipt this Period

12.54

Full Name (Last, First, Middle Initial)

**B. Heidi M. Valle**

Mailing Address 300 Cole Ct

City State Zip Code  
 Mankato MN 56001-6428

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Plasma Center Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.70

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 05 / 2014

**Transaction ID : 20141229182245-112**

Amount of Each Receipt this Period

16.35

Full Name (Last, First, Middle Initial)

**c. Heidi M. Valle**

Mailing Address 300 Cole Ct

City State Zip Code  
 Mankato MN 56001-6428

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Plasma Center Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.70

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 19 / 2014

**Transaction ID : 20141229175246-18**

Amount of Each Receipt this Period

16.35

**SUBTOTAL** of Receipts This Page (optional)..... ►

45.24

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 106 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Onelia Ann Vera**

Mailing Address 619 Oleander Dr

City

Hallandale Beach

State

FL

Zip Code

33009-6531

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Assoc General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3038.18

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-153**

Amount of Each Receipt this Period

117.28

Full Name (Last, First, Middle Initial)

**B. Onelia Ann Vera**

Mailing Address 619 Oleander Dr

City

Hallandale Beach

State

FL

Zip Code

33009-6531

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Assoc General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3038.18

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-20**

Amount of Each Receipt this Period

117.28

Full Name (Last, First, Middle Initial)

**c. Trudy G. Vlahos**

Mailing Address 730 Lakewood Ln

City

Marquette

State

MI

Zip Code

49855-9518

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Regional Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-51**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

259.56

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 OF 118  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Trudy G. Vlahos**

Mailing Address 730 Lakewood Ln

City

Marquette

State

MI

Zip Code

49855-9518

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Regional Operations Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-248**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Christopher P. Vlautin**

Mailing Address 2343 Beckett Dr

City

El Dorado Hills

State

CA

Zip Code

95762-5213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, State Govt Affairs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-181**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**c. Christopher P. Vlautin**

Mailing Address 2343 Beckett Dr

City

El Dorado Hills

State

CA

Zip Code

95762-5213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, State Govt Affairs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-205**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

65.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 108 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Eric C. Walker**

Mailing Address 1082 Lee Road 368

City State Zip Code  
Valley AL 36854-6532

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

AVP, MD IS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-16**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Eric C. Walker**

Mailing Address 1082 Lee Road 368

City State Zip Code  
Valley AL 36854-6532

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

AVP, MD IS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-57**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Cary N. Wauters**

Mailing Address 9212 Creemore Dr

City State Zip Code  
La Crescenta CA 91214-2338

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-146**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 109 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cary N. Wauters**

Mailing Address 9212 Creemore Dr

City

La Crescenta

State

CA

Zip Code

91214-2338

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-181**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. James M. Weidner**

Mailing Address 3919 Highview Dr

City

Crystal Lake

State

IL

Zip Code

60012-2230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Business HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-61**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. James M. Weidner**

Mailing Address 3919 Highview Dr

City

Crystal Lake

State

IL

Zip Code

60012-2230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Business HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-103**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 110 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John Alan Weiler**

Mailing Address PO Box 747

Baxter Expat Admin

City

Deerfield

State

IL

Zip Code

60015-0747

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter World Trade Corporation

Occupation

Plant Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-248**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. John Alan Weiler**

Mailing Address PO Box 747

Baxter Expat Admin

City

Deerfield

State

IL

Zip Code

60015-0747

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter World Trade Corporation

Occupation

Plant Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-231**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Thomas Westerkamp**

Mailing Address 1844 N Wilson Pl

City

Arlington Heights

State

IL

Zip Code

60004-3800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Mgr, Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-15**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

50.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 111 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Thomas Westerkamp**

Mailing Address 1844 N Wilson Pl

City

Arlington Heights

State

IL

Zip Code

60004-3800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Mgr, Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-67**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Timothy White**

Mailing Address 840 Paddock Ln

City

Libertyville

State

IL

Zip Code

60048-3744

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Manufacturing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-62**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Timothy White**

Mailing Address 840 Paddock Ln

City

Libertyville

State

IL

Zip Code

60048-3744

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Manufacturing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-101**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

30.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 112 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ronald Kent Wilson**

Mailing Address 8050 Little Fox Rd

City

Amarillo

State

TX

Zip Code

79118-1129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Renal Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

**Transaction ID : 20141229182245-258**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Ronald Kent Wilson**

Mailing Address 8050 Little Fox Rd

City

Amarillo

State

TX

Zip Code

79118-1129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Renal Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

**Transaction ID : 20141229175246-240**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Carl Wilt**

Mailing Address 38465 N Burr Oak Ln

City

Wadsworth

State

IL

Zip Code

60083-9548

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Finance - US MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

**Transaction ID : 20141229182245-30**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

65.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 113 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Carl Wilt**

Mailing Address 38465 N Burr Oak Ln

City

Wadsworth

State

IL

Zip Code

60083-9548

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Finance - US MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-51**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Scott W. Woidtke**

Mailing Address 926 6th St SE

City

East Grand Forks

State

MN

Zip Code

56721-2207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Regional Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.02

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-66**

Amount of Each Receipt this Period

9.90

Full Name (Last, First, Middle Initial)

**C. Scott W. Woidtke**

Mailing Address 926 6th St SE

City

East Grand Forks

State

MN

Zip Code

56721-2207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Regional Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.02

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-106**

Amount of Each Receipt this Period

9.90

**SUBTOTAL** of Receipts This Page (optional)..... ►

44.80

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 114 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Erica A. Wolf**

Mailing Address 555 W Kinzie St  
Apt 3904

City State Zip Code  
Chicago IL 60654-5868

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Mgr, Mkt Strategy & Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-204**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Erica A. Wolf**

Mailing Address 555 W Kinzie St  
Apt 3904

City State Zip Code  
Chicago IL 60654-5868

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Mgr, Mkt Strategy & Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-209**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. James W. Yang**

Mailing Address 3784 San Augustine Dr

City State Zip Code  
Glendale CA 91206-1201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Dir, Market Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-92**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 115 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James W. Yang**

Mailing Address 3784 San Augustine Dr

City

Glendale

State

CA

Zip Code

91206-1201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Dir, Market Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-46**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Subramaniam Yogendran**

Mailing Address 1 Baxter Pkwy  
Df 4-2E

City

Deerfield

State

IL

Zip Code

60015-4625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Ops - MP US/Canada Area

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1497.38

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-132**

Amount of Each Receipt this Period

57.97

Full Name (Last, First, Middle Initial)

**C. Subramaniam Yogendran**

Mailing Address 1 Baxter Pkwy  
Df 4-2E

City

Deerfield

State

IL

Zip Code

60015-4625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Ops - MP US/Canada Area

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1497.38

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-156**

Amount of Each Receipt this Period

57.97

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.94

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 116 OF 118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dennis Young**

Mailing Address 591 Bluegrass St

City

Simi Valley

State

CA

Zip Code

93065-5458

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

VP II, Operations

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-20**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Dennis Young**

Mailing Address 591 Bluegrass St

City

Simi Valley

State

CA

Zip Code

93065-5458

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

VP II, Operations

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-9**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Todd S. Young**

Mailing Address 436 Linden St

City

Winnetka

State

IL

Zip Code

60093-2514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, Treasurer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-259**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

45.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Todd S. Young**

Mailing Address 436 Linden St

City  
Winnetka

State  
IL

Zip Code  
60093-2514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-238**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Kristie Zinselmeier**

Mailing Address 41 Berkshire Ln

City  
Lincolnshire

State  
IL

Zip Code  
60069-3303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, National & Strategic Accts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 05 / 2014

**Transaction ID : 20141229182245-5**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Kristie Zinselmeier**

Mailing Address 41 Berkshire Ln

City  
Lincolnshire

State  
IL

Zip Code  
60069-3303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, National & Strategic Accts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 19 / 2014

**Transaction ID : 20141229175246-47**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

75.00

**TOTAL** This Period (last page this line number only)..... ►

8996.22

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 118 OF 118

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Kirk for Senate**

Mailing Address PO Box 8

City State Zip Code  
 Winnetka IL 60093

Purpose of Disbursement  
 2016 Primary

Candidate Name

**Mark Steven Kirk**

Office Sought: ☐ House  
☒ Senate  
☐ President

State: IL District:

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2014

**Transaction ID : D439897BE19C34AE0E9**

Amount of Each Disbursement this Period

1000.00

## **B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

## **C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

1000.00